

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return

key.

#### **Massachusetts Department of Environmental Protection** Bureau of Waste Prevention

#### **Mercury Certification for Vehicle Recyclers & Mobile Crushers**

20	
Calendar Year	
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MassDEP Facility IF	n#

Facility Information		
Name		
Street Address		
City/Town	State	Zip Code
Contact Person	Contact Teleph	none
Contact Email Address		
Mailing Address (if different)		
Street Address/P.O. Box		
City/Town		
Applicability	State	Zip Code
Applicability  1. Are you a vehicle recycler that acqu	ired and dismantled six or	more vehicles for the primary
Applicability	ired and dismantled six or	more vehicles for the primary
Applicability  1. Are you a vehicle recycler that acque purpose of reselling their parts or screen.	ired and dismantled six or rap metal during the year o □ No** nit that crushed vehicles a	more vehicles for the primary covered by this certification?
Applicability  1. Are you a vehicle recycler that acque purpose of reselling their parts or scill Yes*  2. Did you operate a mobile crushing uses the control of the contro	ired and dismantled six or rap metal during the year o □ No** nit that crushed vehicles a	more vehicles for the primary covered by this certification?
Applicability  1. Are you a vehicle recycler that acque purpose of reselling their parts or scill Yes*  2. Did you operate a mobile crushing use identified in Section A during the year.	ired and dismantled six or rap metal during the year on the last of the properties of the last of the	more vehicles for the primary covered by this certification?
Applicability  1. Are you a vehicle recycler that acque purpose of reselling their parts or sor ☐ Yes*  2. Did you operate a mobile crushing use identified in Section A during the year ☐ Yes*  * If you answered YES to either of the questions above, you must complete	ired and dismantled six or rap metal during the year on the No**  Interpretation of the properties of the sign below, composignature, and reference the MassDEP Veriginal was of the sign below.	more vehicles for the primary covered by this certification?  It locations other than the addression?  It NO to both questions above, alete the fields beneath your turn this page of the form to:  Schicle Mercury Program Street, 6th Floor

Date (MM/DD/YYYY)

Name

Title



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#### C. Resale of Mercury-Added Switches

		s or air bags, for ne	switches, with the exception of switches incorporated ew installation in motor vehicles during the year [2)]
	Yes – Submit Return to Co	ompliance Plan	□ No
D.	Removal of Mercur	y-Added Con	nponents Before Crushing
	Were any vehicles crushe this certification?	d, partially crushed	, or baled at your business during the year covered by
	Yes		☐ No – Skip to Question 6
		omponents* remove	operated a crushing unit at your business, were ALL ed before the vehicles were crushed during the year ) and (2)]
	Yes		☐ No – Submit Return to Compliance Plan
	☐ Not Applicable: Vehicles w	vere crushed by a mo	bile crushing firm.
	(HID) headlamps. Componen	ts that do not need to	ed vehicle switches and mercury high intensity discharge be removed are (1) those that are inaccessible due to witch and (2) mercury-added lamps used to backlight the
	3. Did you hire a mobile crus	hing firm during the	e year covered by this certification?
	Yes – Provide Details:	Company Name, Add	Iress & Phone Number
	□ No	☐ Not Applicable:	My company is a mobile crushing firm. Skip to Question 6
	If you answered YES to question (See note above)	uestion 3, did you re	emove ALL required mercury-added components?
	☐ Yes – Skip to Question 6		☐ No – Answer Question 5
			form the mobile crushing firm that it was their omponents? [310 CMR 74.04 (1) and (2)]
	☐ Yes		☐ No – Submit Return to Compliance Plan
		uired mercury-adde	other businesses during the year covered by this ed components removed before crushing those above)
	Yes		☐ No – Submit Return to Compliance Plan
	☐ Not Applicable: Did not pro	ovide mobile crushing	services to other businesses during the certification year.
	Note: If you operate a mobile	e crushing unit, unless	s the vehicle owner has informed you that all mercury-added

components have been removed, you must remove mercury-added components yourself before crushing.



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VC	The recyclers & Mobile	Ciusiicis	MassDEP Facility ID#
D.	Removal of Mercury-Adde	ed Components Before	Crushing (continued)
	7. Other than crushing, partial crushing other way during the year covered by		
	☐ Yes – Transported Uncrushed to Other Recycler/Scrap Recycler Answer Question 8	☐ Yes – Other (Describe Below) Answer Question 8	☐ No – Skip to Section E
		Description	
	Did you remove mercury-added cormanner described above?	mponents before managing the en	d-of-life vehicle bodies in the
	Yes	□No	
Ε.	Certification to Scrap Rec	ycling Facilities	
	Did you sell or deliver any crushed, recycling facility in Massachusetts d		
	☐ Yes – Answer Question 2	☐ No – Skip to Se	ection F
	If you answered YES to Question 1 vehicle bodies in each shipment sold added vehicle switches were removed.	d or delivered to a scrap recycling	
	☐ Yes	☐ No – Submit Re	eturn to Compliance Plan
F.	Management of Mercury-A	Added Components	
	Were all containers used to store me that were removed from vehicles lab		
	<ul> <li>Universal Waste: Mercury-Containing</li> <li>Waste Mercury-Containing Devices</li> <li>Used Mercury-Containing Devices</li> </ul>	Devices	
	☐ Yes	☐ No – Submit Re	eturn to Compliance Plan
	☐ Not Applicable: Did not remove any r	mercury-added components. Skip to S	Section G
	2. If you answered YES to Question 1	, did you mark the date you started	d to store mercury-added

switches and other mercury-added components on each container used? [310 CMR 30.1034(6)(c)]

	on :	٠
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☐ Yes

☐ No – Submit Return to Compliance Plan



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### F. Management of Mercury-Added Components (continued)

4 If you answered YES to Que		
	estion 1, did you send your container(s) of dded components to a facility licensed to	
Yes, I sent my container(s) of Vehicle Solutions (ELVS) pro	of mercury-added switches to EQ Industrial S ogram.	ervices under the End of Life
	icle switch recovery program funded by vehic ervices, a hazardous waste management firm	
Yes, I sent my container(s)	to the licensed hazardous waste or recycling	firm identified below.
Company Name		
Street Address		
City/Town	State	Zip Code
☐ No – Submit Return to Com	pliance Plan	
	es EQ Industrial Services has received from ye	
Click ELVS Mercury Switch Rec enter both the certification year ar Report. Click the first letter of you History section to estimate the nu	es EQ Industrial Services has received from your covery Program in the sidebar, then scroll do not Massachusetts before clicking on the Report business name and find your business, the number of switches recycled in your certification at your facility (e.g., from a broken switch	wn to Collection Reporting and ort button to view the State en click View Detail. Use the n year.
Click ELVS Mercury Switch Recenter both the certification year ar Report. Click the first letter of your History section to estimate the number of the section of the secti	novery Program in the sidebar, then scroll do and Massachusetts before clicking on the Repo ur business name and find your business, the umber of switches recycled in your certificatio	wn to Collection Reporting and ort button to view the State en click View Detail. Use the n year.  n) during the period covered by
Click ELVS Mercury Switch Recenter both the certification year ar Report. Click the first letter of your History section to estimate the number of the certification?  — Yes  7. If you answered YES to Que	covery Program in the sidebar, then scroll do not Massachusetts before clicking on the Report ur business name and find your business, the umber of switches recycled in your certification at your facility (e.g., from a broken switch	wn to Collection Reporting and ort button to view the State en click View Detail. Use the n year.  a) during the period covered by Question 8 ents in accordance with all
Click ELVS Mercury Switch Recenter both the certification year ar Report. Click the first letter of your History section to estimate the number of the certification?  — Yes  7. If you answered YES to Que	covery Program in the sidebar, then scroll do not Massachusetts before clicking on the Report business name and find your business, the sumber of switches recycled in your certification at your facility (e.g., from a broken switch    No – Skip to Compose these componers was a sum of the section 6, did you manage these componers was a sum of the section 6.	wn to Collection Reporting and ort button to view the State en click View Detail. Use the n year.  a) during the period covered by Question 8 ents in accordance with all
Click ELVS Mercury Switch Recenter both the certification year ar Report. Click the first letter of your History section to estimate the number of the certification?    Yes	covery Program in the sidebar, then scroll do not Massachusetts before clicking on the Report ur business name and find your business, the sumber of switches recycled in your certification at your facility (e.g., from a broken switch    No – Skip to Company these components was a section 6, did you manage these components was a regulation of the section of the sec	wn to Collection Reporting and ort button to view the State en click View Detail. Use the n year.  n) during the period covered by Question 8 ents in accordance with all ons? [310 CMR 30.1034(4)(c)] Return to Compliance Plan
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Click ELVS Mercury Switch Recenter both the certification year ar Report. Click the first letter of your History section to estimate the number of the section of the secti	covery Program in the sidebar, then scroll do not Massachusetts before clicking on the Report Union Wassachusetts before clicking on the Report Union Wassachusetts hazardous waste regulation of Switches recycled in your certification at your facility (e.g., from a broken switch who — Skip to Greation 6, did you manage these componer Wassachusetts hazardous waste regulation waste who handle mercury-added congression of the Switch waste waste regulation who is supposed to the Switch waste waste regulation who is supposed to the Switch waste waste regulation waste who handle mercury-added congression waste who handle mercury-added congression waste who handle mercury-added congression waste	wn to Collection Reporting and ort button to view the State en click View Detail. Use the n year.  n) during the period covered by Question 8 ents in accordance with all ons? [310 CMR 30.1034(4)(c)] Return to Compliance Plan emponents of proper handling
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G.	Record	ls Retenti	on (continued)
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3. Necolds Neterition (continued)						
2. Indicate which record	s you are keeping (check ALL that	t apply).				
Vehicle Recyclers:						
☐ Records of shipment	☐ Records of shipments of mercury-added switches					
☐ Printout(s) from EQ I	Printout(s) from EQ Industrial Services with your business' specific switch count					
	er notification to any mobile crusher your components from vehicles before components.	ou hired of the mobile crusher's responsibility to rushing.				
☐ Other – Describe:	Other – Describe:  Description					
Mobile Crushers:						
	er documentation provided to vehicle cury-added components.	recyclers that specify that they were responsible				
☐ Records of shipment	s of mercury-added switches					
☐ Printout(s) from EQ I	Printout(s) from EQ Industrial Services with your business' specific switch count					
☐ Other – Describe:	☐ Other – Describe:  Description					
H. Releases of Oil	or Hazardous Materials	3				
<ol> <li>Did you have any rep year covered by this of</li> </ol>		us materials at this business, during the				
Search at <a href="http://public.dep.state.ma.us/MOMHL/HazMat.aspx">http://public.dep.state.ma.us/MOMHL/HazMat.aspx</a> for reportable quantities.						
☐ Yes	☐ Yes ☐ No					
2. If you answered YES to Question 1, list the date(s) of any incident(s).						
Date (MM/DD/YYYY)		Date (MM/DD/YYYY)				
Date (MM/DD /YYYY)	Date (MM/DD/YYYY)  Date (MM/DD/YYYY)					
Date (MM/DD/YYYY)		Date (MM/DD /YYYY)				



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1 <i>Oftit</i>	iratimn '	STUTUINANT
1. OCI III	icalion v	Statement

I attest under pains and penalties of perjury:

		•	•	•			
ı	That I h	ave nere	nally exam	hined and	am	familiar	۱۸/i

 I nat I nave personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;

II. That, based on my inquiry of those individuals responsible for obtaining the information, the information contained in this submittal is, to the best of my knowledge, true, accurate, and complete;

III. That systems to maintain compliance are in place at the business and will be maintained even if processes or operating procedures are changed; and

IV. That I am fully authorized to make this attestation on behalf of this business.

I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for submitting false, inaccurate, incomplete or misleading information.

Authorized Signature
Printed Name
Title
Date Signed (MM/DD/YYYY)
Source of Signatory Authority:
If a Corporation:
☐ President
☐ Secretary
☐ Treasurer
☐ Vice President
☐ Representative of the above (if authorized by corporate vote and if responsible for overall operation of the facility)
If a Partnership:
☐ General Partner
If a Sole Proprietorship:
☐ Proprietor

KEEP A COPY OF THIS COMPLETED FORM AND THE RETURN TO COMPLIANCE FORM, IF REQUIRED, FOR YOUR FILES. MAIL THE ORIGINAL SIGNED FORM TO:

MassDEP Vehicle Mercury Program One Winter Street, 6th floor Boston, MA 02108